

**BEST AVAILABLE COPY**

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

Application or Docket Number

**09/936677**

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

TOTAL CLAIMS			
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS		33 minus 20 =	-13
INDEPENDENT CLAIMS	1	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

SMALL ENTITY  
TYPE

OR OTHER THAN  
SMALL ENTIT

RATE	FEES	RATE	FEES
BASIC FEE		OR BASIC FEE	860
X\$ 9 =		OR X\$18 =	234
X40 =		OR X80 =	
+135 =		OR +270 =	
TOTAL		OR TOTAL	1094

\* If the difference in column 1 is less than zero, enter "0" in column 2

**3/23/04 CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAINS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
					(Column 1)	(Column 2)
Total	35	Minus	33	= 2		
Independent	3	Minus	3	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

SMALL ENTITY  
OR OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9 =		OR X\$18 =	76 <sup>00</sup>
X40 =		OR X80 =	
+135 =		OR +270 =	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	76 <sup>00</sup>

1/14/05

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAINS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
					(Column 1)	(Column 2)
Total	35	Minus	35	=		
Independent	3	Minus	3	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9 =		OR X\$18 =	
X40 =		OR X80 =	
+135 =		OR +270 =	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

2/6/05

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAINS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
					(Column 1)	(Column 2)
Total	37	Minus	35	= 2		
Independent	3	Minus	3	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9 =		OR X\$18 =	100 <sup>00</sup>
X40 =		OR X80 =	
+135 =		OR +270 =	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	100 <sup>00</sup>

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

RECEIVED  
CENTRAL FAX CENTER

CERTIFICATE OF TRANSMISSION  
UNDER 37 CFR 1.8(a)

MAR 23 2004

I hereby certify that this correspondence is being  
transmitted by facsimile to: Commissioner of  
Patents and Trademarks, Alexandria, VA 22313  
at fax number 703-672-9306 on

23 MARCH 2004  
HUESCHEN AND SAGE

OFFICIAL

G. PATRICK SAGE  
Dated: 23 MARCH 2004

\*\*\*\*\*

Applicant : Christine LIBON, Nathalie CORVAIA, Alain BECK,  
Jean-Yves BONNEFOY

Serial No. : 09/936,677

Filed : September 14, 2001

Title : Immunostimulant Bacterial Membrane Fractions in  
Cancer Treatment

Art Unit : 1645

Examiner : Tammy K. FIELD, Esq.

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Honorable Commissioner of Patents and Trademarks  
Alexandria, VA 22313

RESPONSE AND AMENDMENT UNDER 37 CFR § 1.111

Sir:

Responsive to the Office action, dated December 23, 2003, kindly amend as  
follows:

IN THE CLAIMS: See Listing of Claims attached hereto which will replace all  
prior versions of claims in the application.

U.S. Serial No. 09/936,677  
Response and Amendment of March 23, 2004  
PP 95 PCT SEO

09/936,677  
07/15/2005 08:00:04 083220 DA  
36. DURATION (mm:ss):12:14  
01 FC:1202

Accordingly, entry of the present amendment and accompanying Certified Translation of the Priority Document, reconsideration of all grounds of objection and rejection, withdrawal thereof, and passage of this application to issue are all hereby respectfully solicited.

It should be apparent that the undersigned attorney has made an earnest effort to place this application into condition for immediate allowance. If he can be of assistance to the Examiner in the elimination of any possibly-outstanding insignificant impediment to an immediate allowance, the Examiner is respectfully invited to call him at his below-listed number for such purpose.

Allowance is solicited.

Respectfully submitted,

THE FIRM OF HUESCHEN AND SAGE

By: 

G. PATRICK SAGE, #37,710

Dated: March 23, 2004  
Customer No.: 25,666  
500 Columbia Plaza  
350 East Michigan Ave.  
Kalamazoo, MI 49007-3856  
(269) 382-0030  
GPS/klw

Enclosure: Listing of Claims and Certified English Translation of French Priority  
99/03,154.

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THE COMMISSIONER IS HEREBY AUTHORIZED TO CHARGE ANY FURTHER OR ADDITIONAL FEES WHICH MAY BE REQUIRED (DUE TO OMISSION, DEFICIENCY, OR OTHERWISE), OR TO CREDIT ANY OVERPAYMENT, TO DEPOSIT ACCOUNT NO. 08,3220.



insignificant impediment to an immediate allowance, the Examiner is respectfully invited to call him at his below-listed number for such purpose.

Allowance is solicited.

Respectfully submitted,  
THE FIRM OF HUESCHEN AND SAGE

By:   
G. PATRICK SAGE, #37,710

Dated: June 29, 2005  
Customer No.: 25,666  
500 Columbia Plaza  
350 East Michigan Ave.  
Kalamazoo, MI 49007-3856  
(269) 382-0030  
GPS/klw

Enclosure: Listing of Claims and Postal Card Receipt.

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**THE COMMISSIONER IS HEREBY AUTHORIZED TO CHARGE ANY FURTHER OR ADDITIONAL FEES WHICH MAY BE REQUIRED (DUE TO OMISSION, DEFICIENCY, OR OTHERWISE), OR TO CREDIT ANY OVERPAYMENT, TO DEPOSIT ACCOUNT NO. 08,3220.**